

Is this an amendment? Yes

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, 2<sup>nd</sup> floor, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## REGISTRATION: BALLOT QUESTION COMMITTEES

□ No

## For Persons and Organizations Other than PACs Involved in Ballot Question Elections

Any person not defined as a political action committee who receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$5,000 for the purpose of initiating or influencing a ballot question shall register with the Commission as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5,000. (21-A M.R.S.A. §1056-B)

An Initial Campaign Finance Report must accompany this form. Ballot Question Committees must report all contributions and expenditures, whether cash or in-kind, made from the beginning of the campaign. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising expenses.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.			
COMMITTEE INFORMATION			
Committee name		Acronym	
Mailing address		Phone	
City, zip code		Fax	
E-mail	Website		
TREASURER INFORMATION			
Name		Phone	
Mailing address			
City, zip code	E-mail		
PRINCIPAL OFFICER INFORMATION			
Name		Title	
Mailing address		Phone	
City, zip code			
Name		Title	
Mailing address		Phone	
City, zip code		1	

ALTERNATE E-MAIL ADDRESSES  To receive filing reminders and important information from the Commission.			
1.		2.	
PRIMARY FUNDRAISERS AND DECISION MAKERS  Identify any candidates, Legislators or other individuals who are the primary fundraisers and decision makers for the committee.			
1.		2.	
3.		4.	
5.		6.	
COMMITTEE MAILING ADDRESS  Correspondence will be mailed to this address.			
Street address or PO Box			
City, zip code			
FORM OF ORGANIZATION  Name the form or structure of organization, i.e., cooperative, corporation, voluntary association, partnership, etc.			
Form of organization		Date of origin/incorporation	
STATEMENT OF SUPPORT OR OPPOSITION  Indicate which ballot question the committee supports or opposes. If the ballot question has not been printed at the time of registration, please indicate whether the committee is involved in a citizen initiative or people's veto and the subject matter.			
SUPPORT	SUPPORT		
OPPOSE			
SIGNATURE OF PRINCIPAL OFFICER, TREASURER, OR OTHER AUTHORIZED INDIVIDUAL			
Signature		Title	
Print name		Date	

## **IMPORTANT NOTICE:**

An initial campaign finance report must be filed with the Commission at the time of registration.